

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Leon R. Yankwich  
 Yankwich & Associates, P.C.  
 201 Broadway  
 Cambridge, MA 02139

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Nasim G. Memon	(Depositor's name)
<i>Nasim G. Memon</i>	(Signature)
December 4, 2006 - December 5, 2006	(Date)

12/07/2006 RMEBRAH1 00000115 10693328

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,328	10/24/2003	Norman Barras	ABL-010.1 US	8250

TITLE OF INVENTION: COLON CLEANSING COMPOSITIONS AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/19/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
ROYDS, LESLIE A	1614	424-078010				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 YANKWICH & ASSOCIATES, P.C.  
 2 Leon R. Yankwich  
 3 Michael R. Wesolowski

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NORGINE EUROPE BV

Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

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- ☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0268 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Michael R. Wesolowski*

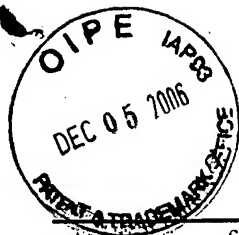
Date December 4, 2006

Typed or printed name Michael R. Wesolowski

Registration No. 50, 944

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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1206-06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Barras et al.

Serial No.: 10/693,328

ART UNIT: 1614

Filed: October 24, 2003

EXAMINER: Royds, Leslie

Entitled: COLON CLEANSING COMPOSITIONS

Atty. Docket No.: ABL-010.1 US

**Mail Stop ISSUE FEE**

Commissioner for Patents

P.O. Box 1450

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**TRANSMITTAL LETTER**

Sir:

Transmitted herewith: ☒ Issue Fee Transmittal (PTOL-85) in duplicate (2 pages total); ☒ a check in the amount of \$1730.00 (check no. 7264) in payment of the fees under 37 C.F.R. §§ 1.18(a), 1.18(d), and 1.19(a)(1); and ☒ a return-receipt postcard, for filing in the above-captioned patent application.

**FEE FOR ADDITIONAL CLAIMS**

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required. The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXCESS CLAIMS	RATE	FEES DUE
TOTAL CLAIMS	=	=	00	× \$50	= 0.00
INDEPENDENT	=	=	0	× \$200	= 0.00
FIRST INTRODUCTION OF MULT. DEPENDENT CLAIM				+\$360	= 0.00
<b>TOTAL FEES DUE</b>					<b>= 0.00</b>

